PART B - FEE(S) TRANSMITTAL

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maintenance ree nouncar	rolls.							ould be completed where correspondence address as rate "FEE ADDRESS" for	
7590 10/11/2006 ALAN W CANNON LAW OFFICE OF ALAN W CANNON 834 SOUTH WOLFE ROAD SUNNYVALE, CA 94086					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission Levely Certify that this Fee(s) Transmission the paper is the level of the paper.				
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					12/22	100	20459	(Depositor's name) (Signature) (Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR		ATTOR	RNEY DOCKET NO.	CONFIRMATION NO.	
09/900,503	07/06/2001		Lawrence W. Hu			G	UID012CON	5237	
TITLE OF INVENTION: SURGICAL RETRACTOR BLADE AND SYSTEM					01 FC:1501	ENBOB2	00000053 0990050 140 30	3 0.00 OP 0.00 OP	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	02 FC:1504 PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300		\$0		\$1700	01/11/2007	
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I. Change of corresponder CFR 1.363). Change of corresponder	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to								
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Please check the appropria	te assignee category or	categories (will not be p	rinted on the patent):		Individual Co	rporatio	on or other private grou	up entity Government	
4a. The following fee(s) at Issue Fee Publication Fee (No	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).								
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Typed or printed name			Registration No		4,9.77	178			
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